

United States Of America  
Department of Transportation - Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA3629SW

*This Certificate issued to* AAR Aircraft Services, Inc.  
DBA: AAR Aircraft Services-Oklahoma  
6611 South Meridian  
Oklahoma City, OK 73159-1104

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 25 of the Federal Aviation Regulations.*

*Original Product Type Certificate Number:* A22CE

*Make:* Cessna

*Model:* S550

*Description of Type Design Change:*

Installation of a Litton System Flight Inspection Station in accordance with drawings listed on AAR Oklahoma Drawing List No. 550-860414 dated July 3, 1986.

*Limitations and Conditions:*

This STC is limited to airplane Serial Number S550-0078 only. FAA Approved Airplane Flight Manual Supplement dated July 3, 1986 is required.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application:* February 20, 1986

*Date reissued:* March 24, 1999

*Date of issuance:* July 03, 1986

*Date amended:*



*By direction of the Administrator*

*S. Frances Cox*  
(Signature)

S. Frances Cox, Manager  
Special Certification Office,  
Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_

*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor)* *(Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_

*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_